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ABSTRACT

Consultation is increasingly becoming one of the most important role responsibilities of the school psychologists, and can be distinguished by several types of services: collaborative consultation, mental health consultation, organizational consultation, behavioral consultation, and peer consultation. The efficacy of consultation services is becoming clearer as well as the concern about the adequacy of professional training. This paper explains how consultation may become an even larger focus in the job of the practitioner. It suggests that school psychologists need to continually improve their skills and stay abreast of what is known about the efficacy of both the outcomes of consultation and the relational aspects of consultation. Several recommendations from the literature are included about both aspects to help the practitioner. The Internet has opened up new resources for school psychologists. It can enhance consultation and networking, and has the potential to meet needs for continuing education and distance learning. The paper concludes that when school psychologists take advantage of the increasing knowledge about what makes the process more effective and make use of suggestions that have been made in the literature to improve outcome measures, the value of indirect services will become evident. (Contains 48 references.) (JDM)

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by
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School Consultation: Providing both Prevention and Intervention Services to Children and School Staff

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Paper presented at the National Association of School Psychologists Annual Conference, March 26, 2000, New Orleans, Louisiana.

Introduction:

Consultation is a major role function of mental health workers who work in schools. Importantly, the efficacy of consultation services is becoming clearer as research accumulates in the field. Collaborative practice has implications for school reform and restructuring (Pounder, 1998). There are several consultation models available from which school psychologists have to choose in developing their own practice. Behavioral consultation, mental health consultation and organizational consultation are the major approaches and in addition, there are several variations of the major types. These approaches are similar in that they all utilize a structured problem solving process. The problem solving process is typically described in stages (Kratochwill, & Bergarn, 1993).

Each type of collaboration differs in regard to the relationship between the school psychologist and consultee. Each type differs in regard to the focus of interest in problem solving and in regard to which level within an organization that the intervention is aimed and acted upon (Zins & Erchul, 1995).

The relationship between the consultant and the consultee is of intense interest at this time in the development of school consultational practice. According to the literature, a collaborative relationship occurs when a consultant and a consultee share ownership of outcome or are co-equal partners. The consultant joins his/her knowledge with that of the consultee, which is expected to increase the accuracy of problem solving. Of particular interest is the fact that the basic nature of the role and relationship between the consultant and consultee is currently being debated (Gutkin, 1999).

What is Consultation?

Consultation is defined as a nature of interaction or role to be played by a consultant. Consultation is characterized by helping (problem solving) and forming a mutual relationship that focuses on current work problems that involve teaching preventative strategies and prescriptions (Parson, R. 1996). The process of consultation has been defined as the work of individuals, with a variety of professional skills, who are invited into schools to assist educators with methods and approaches that will help resolve difficulties in educating children (Cohen,1975).

Consultation can take place between two individuals or with a group of people. A school psychologist can work with a teacher or a parent, for example, or can work with a group

of school professionals to build a collaborative school community. Interagency collaboration is an example of group collaboration in which school psychologists work with professionals from social service agencies to provide specific services to children and families.

Interagency consultation is quite important because often when more than one agency is involved, cases become 'stuck' (Jelleneck, Henderson, Reddy, Macklem & Degnon, 1990). A model of interagency consultation, collaboration and planning was developed in Massachusetts. Studies of this model showed that on average, 3.2 agencies were involved with each case. Each child had 2.5 problems if the child lived in the suburbs, and double that if the child lived in a city. In slightly more than half of the cases, the reason that the cases became 'stuck' had to do with collaboration issues or conflict among the various agencies. The Massachusetts Project Link model demonstrated that with interagency consultation and collaboration, 81% of cases could be resolved with cost savings about half the time.

Historically, consultation was thought of as one of the three C's: counseling, coordination and consultation. Recently, there has been somewhat of a shift where consultation has been identified as one of the six major roles of the school psychologist (Campbell,1992). Consultation is a role used in increasing frequency by school psychologists to respond effectively to many mental health and educational problems.

Gresham and Kendall (1987) identified three areas that are primarily of importance to school consultation; changes in consultee's classroom behavior (teacher), changes in consultee's knowledge and/or attitudes, and changes in the clients (students) behavior in the classroom. Since consultation is aimed at trying to help consultees deal better with future problems, consultants have been taught to try to avoid dependency on the part of the consultee(s). School psychologists were taught that this could be achieved by making consultation meetings brief, limiting the consultation to a few goals and maintaining a mutual, collaborative relationship at all times during the process.

School psychologists consider consultation an efficient and effective method of delivering services to children (Greshman & Lopez, 1996). They would like to spend a significantly greater percentage of their time in consultation and report that it is one of their favorite aspects of the role of school psychologist (Sheridan & Steck, 1995).

Concerns have been raised about adequacy of professional training in the area of consultation. "Few training programs have been able to adequately train elementary counselors in the skill of consulting. As a consequence, counselors either avoid consulting and stick to counseling, gradually engage in consulting but feel inadequate, or, bluff consulting expertise" (Aubrey, 1978, p.353). Compared to a decade ago, it is apparent that more beginning counselors have had some training in consultation. The Council for Accreditation of Counseling and Related Education Programs (CACREP) requires graduate training programs in counseling to train students in consultation. 73% of the programs are accredited with CACREP, but some feel that they are not devoting enough time to training individuals in the area of consultation (Dustin & Ehly, 1992).

Types of Consultation

Collaborative Consultation:

Collaborative consultation has been described as "an interactive process that enables teams of people with diverse expertise to generate creative solutions to mutually defined problems" (West & Idol, 1987, p. 389). Consultants and consultees work closely together to solve problems and the relationship consists of mutual trust, openness and sharing of responsibilities. Collaboration might be considered an approach to professional interaction.

The collaborative consultative style can be used with different types of consultation, such as prescriptive, provisional, mediational and developmental. There are many advantages to collaborative consultation, which offers potential benefits. For example, both sides give and take from the other in a way that maximizes the problem-solving process. In addition, the consultee feels a sense of ownership, which increases the chances of implementation of the mutually developed plan. The exchanges between the individuals are typically educational, and both the consultant and consultee have greater chances of increasing their own skills and knowledge by working together. This also enables the consultee to use her new knowledge as a means of preventing similar problems in the future (Parson,1996). Even though both the consultant and consultee contribute to problem-solving, the consultant is responsible for guiding the process.

There are several characteristics involved with collaborative consultation, which have been identified: nonhierarchial interchange between colleagues, mutual, shared responsibility and freedom to accept/reject (Caplan, 1970; Caplan & Caplan, 1993; Curtis & Meyers, 1985; Friend & Cook, 1992; Parsons & Meyers, 1984). There are also several basic principles of collaborative consultation (Idol & Nevin, 1986).

1. Establish informal relationships among team members prior to beginning professional work.
2. Treat all team members with respect.
3. Use situational leadership to guide the group, adjusting the leadership style to the needs of the group.
4. Learn to manage conflict and confrontation effectively.
5. Be willing to share information and create a trustworthy relationship so others feel safe to share.
6. Listen actively when others are speaking.
7. Engage in non-judgmental responding when sharing ideas.
8. Use appropriate interviewing skills for gaining and sharing information, expressing and discovering feelings, planning for action, and problem solving.
9. Use appropriate and jargon-free language for both oral and written communication.
10. Gather practical and useful data and information to aid in decision making.
11. Be willing to both give and receive feedback from team members.
12. Always remember to give others credit for their ideas and accomplishments.

13. Be aware of nonverbal messages, so positive signals are given.

Mental Health Consultation:

Gerald Caplan introduced the model of mental health consultation in 1970. He developed his model after he had had experiences in helping large service organizations deal effectively with the challenging cases with clients. Since there was a shortage of mental health professionals, he used this approach to help deal with the numerous amount of client referrals. This model has two goals: first, to help the consultee with current work problems and second, to help the consultee become more effective in solving similar problems in the future (Mendoza, 1993). Caplan described the process as spreading " the application of the specialist's knowledge through future operations" (Caplan, 1970, p. 20).

One major characteristic of mental health consultation is a triadic relationship. For example, the consultant works with a group of people who are part of a staff, who will, in turn, work with either clients or students in a school. This provides the staff (consultees) with techniques for coping with identified problems (children/clients). This model views consultation "as a pyramid in which the mental health professional (at the apex) consults with, and educates, the consultees (in the middle of the pyramid) who in turn work in the agencies that provide the direct service to the clients" (Parson,1996, pg. 27).

Caplan's model includes four types of mental health consultation, which are thought of in terms of both content and process. The first type is Client Centered Case Consultation. In this type, the consultant forms a trusting, working relationship with the consultee. A consultant attempts to: examine the client, make dialogue, and provide verbal or written treatment recommendation. The primary goal is to provide prescription. Steps include initial contact, assessment of the client, gathering data and follow up.

The second is Consultee Centered Case Consultation. Here the consultant tries to improve the consultee's capacity to function more effectively in dealing with similar clients. The consultee may lack knowledge and self- confidence. In order to improve objectivity, the consultant uses direct personal involvement, identification, transference and theme interference. The consultant teaches the consultees to improve self-awareness so that she can improve future performance and use techniques to distance herself from the consultee's problem.

The third type is Program Centered Administrative Consultation. This type is primarily used for program development, planning and implementation. The consultant applies expertise in many areas, forms a collaborative relationship with the consultee and collects data. The role of the consultee is more important in this type because the consultant comes in contact with many people, makes assessments and feasible recommendations.

Finally, the fourth type is Consultee Centered Administrative Consultation. Here the consultant helps the administrative staff with program development, implementation of

policies and personnel management. The consultant does not give a prescription, but helps consultees learn process of solving their own problem.

Organizational Consultation:

Although many school personnel may think that consultation always involves one to one interactions between a consultant and a consultee, at times consultation is expanded to involve large groups of consultees, such as a school or school district. Organizational consultation involves evaluating system wide programs, prevention programs, drug and alcohol awareness programs, implementing tutoring programs and safety issues. These are critically important in schools today.

The consultant may act as the 'expert' for a system, which will include being a mentor, trainer or supervisor (content expert). The consultant may be involved with hiring employees, defining job roles and with skill development training. Organizational consultation also involves helping to improve the social/emotional aspects of the workplace (structure and process). The consultant acts not only as the prescriber or expert, but also as a facilitator (Parson, 1996).

Behavioral Consultation:

Behavioral consultation cannot be considered a single model but rather it should be viewed as a general or broad method of consultation (Noell, 1996). Behavioral consultation utilizes a structured problem solving process. This well accepted model of consultation involves several standardized interviews. The interviews are structured around the problem solving process and include or incorporate behavioral assessment and treatment principles.

In Bergan and Kratochwill's behavioral consultation model (1990), three standard interviews are used to organize the consultation process through four stages of consultation. The first stage of consultation includes the first interview, a Problem Identification Interview. During this stage, a behavior is specifically targeted and collection of base line data is arranged. The next stage of the consultation process involves problem analysis and this includes a Problem Analysis Interview. The baseline data is reviewed, the problem is analyzed for antecedents and consequences and a plan is developed. The third stage involves implementation of the plan. At this point, the school psychologist may or may not give the consultee emotional support and practical suggestions. The final stage involves a determination of whether or not the goals were reached. This stage includes a Treatment Evaluation Interview (Kratchwill, Elliot,& Busse,1995).

There are several assumptions underlying behavioral consultation (Noell & Witt, 1996). One assumption is that consultation is a better use of resources as compared to direct service. Although studies have demonstrated that behavioral consultation may change a teacher's views and perceptions, there isn't as much support for the ability of this indirect

service model to actually change student behavior. Behavioral consultation should be compared to direct intervention in order to demonstrate efficacy.

A second assumption is that the school psychologist and the teacher should be co-equals in the consultation process. This is a hot topic which has generated some important research which will be covered in more detail later. The question that has been raised is whether or not consultation would be more successful if the relationship were not collaborative. It may be that teachers need technical assistance and knowledge from an expert in order to effect a change in student behavior. The studies that have been conducted to investigate this question, have looked at teacher preferences rather than what teachers actually do.

A third assumption suggests that talking with teachers will result in behavior changes in teachers; yet, studies suggest that only half of teacher consultees may actually implement the treatment plans. Even more disturbing is the finding that when teachers who say that they are implementing plans are observed, they are not consistent in implementing plans.

A fourth assumption is that teachers will generalize the problem solving skills that they learn through consultation. There is some data to support the fact that referrals decrease after consultation but there is also considerable support for saying that teachers do not consistently generalize what they learn.

A fifth assumption suggests that the school psychologist does not have to come into direct contact with a student. Noell and Whitt (1996) remind us that assessment results are dependent on assessment methods, and an interview with the teacher probably does not generate the same information that direct observation and functional analysis may generate. In fact, they suggest that direct assessment might generate data that would improve the problem solving process in the teacher's eyes because suggestions would be more reality-based.

Once assumptions underlying a process are questioned, no matter how well accepted the process, research is generated and alternative models are suggested. The power of consultation, as well as concerns about generalization issues have been addressed by adding parents to the intervention team for example. And, direct training for the consultee has been proposed leading to a variation on traditional behavioral consultation.

Cojoint Behavioral Consultation:

Several variations of behavioral consultation have been proposed. Studies show that the majority of the consultation time of school psychologists has been spent working with teachers (Sheridan and Steck, 1995). One contemporary version of behavioral consultation is known as cojoint behavioral consultation. In this approach, a child's teacher works with the school psychologist, as in traditional behavioral consultation, but in cojoint behavioral consultation, the child's parent(s) join the team. Both parents and the child's teacher together are assisted by the school psychologist in identifying and defining the problem behavior, an intervention plan is developed jointly, and the plan is

implemented in two environments. The efficacy of the intervention is then determined by all of those involved.

One advantage of cojoint behavioral consultation is gathering information about what may be controlling behaviors across key settings. Another advantage is that this approach includes an intervention in the child's two primary environments. This can enhance generalization. In addition, through the several meetings, the team around the child can make sure that the plan is implemented consistently. Finally a partnership may be formed that may last well beyond the specific consultation period. (Sheridan, & Steck, 1995). This home-school connection may maximize the effects of the intervention. Generalization of treatment to the child's home is of particular interest to school psychologists (Sheridan, Kratochwill, & Elliott, 1990).

The disadvantages of conjoint behavioral consultation include concerns about lack of administrative support and the increased time that it takes to work with additional members of the consultation team when parents are added to the group. Cojoint interviews take more time. It is difficult to get some parents involved, particularly parents of secondary parents (Sheridan, & Steck, 1995). In cojoint behavioral consultation, data collection must be specified clearly, so that both parents and teachers collect the data in the same manner, and parent commitment must be secured for the duration of the intervention (Sheridan, Kratochwill, & Elliott, 1990).

Direct Behavioral Consultation:

A five-year study of consultant and client outcomes completed in 1995, showed that consultees felt that interventions were helpful, and that consultants performed well. The consultees and consultants were quite satisfied with the process, and children's behaviors were improved. Anecdotal data collected during the project suggested that when there were problems, the problems involved resistance to treatments on the part of the consultees because the treatments required too much time and effort. It also appeared as if the consultees might not always have had the skills to implement some of the strategies agreed upon (Kratochwill, Elliot, & Busse, 1995).

In traditional behavioral consultation, the school psychologist counts on discussions around problem solving to result in changes in the teacher, who in turn, is interacting with the child. Consultation is often presented as a verbal interaction process between two individuals (Watson & Robinson, 1996). Another variation on traditional behavioral consultation is direct behavioral consultation. In this variation, the school psychologist teaches skills directly, rather than telling the teacher about the skills that teacher needs. Direct instruction may be particularly important when parents are the consultees. Research on parent training has made it clear that modeling and coaching are needed. Some researchers (Watson and Robinson, 1996) advocate verbally explaining the steps to the consultee, modeling them with the child, and finally giving the consultee a chance to practice with the child, while the school psychologist gives feedback.

Advantages of more direct involvement of the consultant with the consultee include the opportunity for the school psychologist to make sure that the key behaviors have been identified, because the school psychologist actually observes the child in class and can conduct a functional analysis of behavior. Typically, the teacher does not conduct a functional analysis of behavior because it is difficult to conduct a behavioral analysis from a description of the process alone. Training the teacher improves the chances that data recording in the future will be easier and will be more likely to occur. Watson and Robinson (1996) suggest that when others write about resistance of teachers to interventions based on consultation, what may actually be happening is that consultees lack skills to carry out the several steps of the problem solving process.

State of the Research on the Effectiveness of Consultation

The effectiveness of consultation has been studied by looking at whether or not the teacher feels positively about the consultation experience. Studies of treatment acceptability to the consultee have been conducted by asking teachers to read hypothetical cases or watch staged videos. When asked to do this, teachers prefer interventions that are simple, can be accomplished quickly, are positive involving praise and reinforcement, and are described clearly in a straight forward manner (Gresham & Lopez, 1996). Teachers who have been in schools a long time rate all treatments less acceptably than teachers new to the field (Sheridan, & Steck, 1995), unless the problems are very severe (Gresham & Lopez, 1996) in which case all treatments are rated more acceptably. If teachers already know something about behaviorism, they are more likely to rate treatment as more acceptable (Gresham & Lopez, 1996).

Judging perceptions may not be the best way to study the effectiveness of consultation. In fact, there are several limiting factors that have been identified in the research on consultation.

- The early consultation research conducted in schools was based mostly in elementary schools (Sheridan and Steck, 1995).
- The efficacy of consultation has often been measured by consultee satisfaction, rather than by changes in students or other outcomes (Gresham & Lopez, 1996).
- Most of what we know, is the result of research in analogue situations in which teachers are asked to read about or watch videos of consultation and then respond to the hypothetical descriptions of the consultation process (Gresham & Lopez, 1996).
- The interventions implemented and then studied may not reflect best practice (Gresham & Lopez, 1996).
- Some research studies have used rating scales and others use in depth interviews in determining treatment validity or acceptance of the process (Gresham & Lopez, 1996). These different processes do not give the same results.

- The number of consultant dyads in studies have tended to be small, and have been used over and over in series of studies (Gutkin, 1999). This may have contaminated results.

Current Research Interests

A key challenge for school psychologists, who use consultation in their practice, is adult-focused intervention. The work of Noell and Witt (1996), in which they questioned the underlying assumptions of behavioral consultation, leads to the question of what the exact role of the school psychologist should be in the consultation process.

The consultative process, and in particular the roles of the participants in consultation, have generated much discussion in the literature and some very interesting research. In order to explore the relationship between the consultant and the consultee in the consultation relationship, it is useful to look briefly at theory. If individuals are going to be competent when communicating with others, they need to understand how communication controls the interaction.

When individuals communicate, they are interested in achieving a specific goal around a position (instrumental aspect), they want to develop a working relationship (relational aspect) and they convey a role (identity aspect). All three aspects of communication are present at once although one aspect may predominate during consultation (Trenholm & Jensen, 1992). School psychologists serving in a consultant role need to be aware of all three aspects of communication as they work with others.

Social exchange theory suggests that when two people work together successfully they must find some reward or at least not loose anything. If one person does all of the giving, the relationship will fail. A relational balance must be maintained for effective communication and if it is not maintained, pressure and conflict arises (Trenholm & Jensen, 1992). Individuals who participate in a social exchange expect to receive in proportion to what they offer, following the norm of reciprocity (Longres, 1995).

When two individuals take different positions in a communication exchange, dissonance can be reduced when one individual changes behavior, or changes beliefs. If dissonance is strong enough, attitudes can be changed. When participants agree, they like each other better, and vice versa (Trenholm & Jensen, 1992). Approval is a common need and this makes cooperation more likely in any exchange.

In dyads however, there is a tendency for each individual to believe that he or she is contributing more than the other person. Studies suggest that if the relationship is inequitable, that the unhappy individual is likely to put up with the situation rather than confronting it (Longres, 1995). If the school psychologist behaves too powerfully during consultation, social exchange theory would predict that the consultee may loose something, might not like the consultant, and may argue or withdraw from the situation. If the consultee feels that she is giving more than she is getting, the consultation may fail

because the consultee may tolerate the situation while the discussion takes place, but may not implement the action plan.

An individual, who is powerful because of personality, position or expertise, can control the verbal exchange. Power results in influence. Influence is an active process, if one individual's role is to influence the other, the receiver of influence also plays a role. Receivers of communication, that is intended to influence them, will accept messages that fit their own prior beliefs but will react negatively to messages that are discrepant with their own beliefs. This suggests that school psychologists may have to work hard to facilitate real change in consultees. If consultants are too powerful, they may be successful but not liked. If they aren't powerful enough they loose their ability to influence others.

When individuals work with others to make decisions; i.e., when a school psychologist and a teacher work together to help a student, certain factors seem to effect the decision-making process. For example, when group decision making is studied, it has been found that people have difficulty simultaneously paying attention to the other person's ideas, and also thinking of solutions themselves. If the consultee is making too big a contribution to the process, learning may be reduced.

In discussion groups, individuals tend to ignore unique information and talk about what is already known instead. Discussion groups tend to fail to identify all possible alternatives, tend not to search for information, tend not to be objective about the information at hand, and fail to evaluate the choices they make or develop contingency plans in case the plan doesn't work (Parks & Sanna, 1999).

These findings suggest that in consultation, a well-defined process is needed. This may explain why behavioral consultation has been more effective than other consultation models that may emphasize the relational rather than the instrumental aspects of consultation. These findings also suggest that the school psychologist must bring some expertise to the session, if the intervention plan is going to work. It has been suggested that the effectiveness of a consultant might be measured by the school psychologist's ability to offer a number of solutions to problems presented by teachers (Gresham & Lopez, 1996).

The Collaborative Debate: Collaborative versus Directive Consultation:

The relationship between the school psychologist and the consultee has been described as collaborative in the literature. In the late 1980's, serious challenges to this basic assumption were made because of the lack of data to support a collaborative approach to consultation (Erchul & Chewning, 1990; Gutkin, 1999).

A collaborative relationship appeared to be best practice given that the consultant was thought to act as a teacher, helping consultees to help themselves. This made sense because school psychologists cannot implement all treatment themselves and can not change what goes on in classrooms unless they can get teacher support and cooperation.

More recently, the consultation relationship has been described as cooperative but with the consultee the follower (Erchul & Chewning, 1990). The relationship has also been described as teamwork (Erchul, Hughes, Meyers, Hickman, & Braden, 1992), as egalitarian, and as bidirectional, with each person attempting to control the other (Erchul, 1987). At the same time, the consultation relationship has been described as an interpersonal influence process (Erchul, 1987; Erchul & Chewning, 1990). The question under debate is whether or not consultation can be collaborative when it is also an interpersonal influence process (Erchul & Chewning, 1990).

The study of the control aspects of verbal exchanges between the consultant and the consultee have been described as relational communication (Erchul, 1987). In order to study the role of collaboration in consultation, a research approach was designed that allowed researchers to analyze the verbalizations of each person participating. These studies utilized several different coding systems in a microanalysis of the communication patterns. They described the situation where one person tries to control the communication as one-up and the situation where someone yields to the other as one-down. They defined the number of one-up messages, divided by all messages, as domineeringness and the total number of messages that were followed by one-down messages as dominance. Either member of the dyad could be described using these terms.

In the early studies, consultants were found to be more domineering and dominant using these definitions. This suggested that consultants controlled the communication over all stages of consultation (Erchul, 1987; Gutkin, 1999). Additional studies confirmed that the consultant is very directive and controlling in behavioral consultation, and that teachers rate dominant consultants as effective. On the other hand, when the consultee was domineering, school psychologists felt that these teachers would not collect baseline data. For these reasons, the word cooperative was felt to be a better descriptor of the dyad relationship than collaborative (Erchul & Chewning 1990)

The question of why a teacher would participate in consultation arose and was addressed by Erchul and Chewning (1987). They proposed that there were significant costs to participation in the consultation process for teachers. Costs include having to implement a plan, giving up control, admitting that they had had problems they could not solve, and accepting the risk of looking inadequate. However, the rewards of interacting with an adult which teachers do not do often, of expressing frustration and of actually solving the problem might be worth the effort. Stenger, Tollefson and Fine (1992) theorize that teachers feel that school psychologists have different skills that they do. For this reason, teachers believe that school psychologists can actually be helpful to them.

Adding to these findings, Morrison, Wakefied, Walker and Solberg, (1994) found that elementary school teachers were more likely to participate in consultation than secondary teachers possibly because the school culture is more supportive in the elementary school. In a survey of preferences, teachers rated collaborative models higher than handling the problem themselves but they did not prefer experts. Teachers who considered themselves skilled were more likely to be interested in collaboration

Erchul (1987) thought that the descriptor 'collaboration' may fit some models of consultation but the term did not fit the behavioral model. The consultant has an advantage in regard to ability to control the communication, because the consultant is often considered an expert. Dominant consultants were rated as successful by consultees. Erchul recommended that the training of school psychologists should be changed to acknowledge unequal power in the dyad, asking direct questions and making shifts in the flow of discussion.

Knoff, McKenna and Riser (1991) designed a consultant effectiveness scale and specified expert, personal and interpersonal skills that were related to effectiveness as perceived by teachers. Studies using such scales and other approaches as well, showed that when school psychologists used a mixture of technical and non-technical language, the teacher tended to believe that the consultant had more expertise and then teachers were more likely to rate the consultation favorably. Teachers appeared to want the school psychologist to take a directive role in problem solving in these studies and preferred the behavioral approach to the mental health approach in consultation (Rhoades & Kratochwill, 1992).

A number of studies of consultation outcomes related to understanding the consulting relationship were completed in the early 1990's. These studies showed that:

- the consultant's ability to identify the problem were predictive of success;
- consultants who ask teachers for input as the plan was developed were more effective than those who just told teachers how to implement the plan; and
- consultant empathy, genuineness, active listening, paraphrasing and use of straightforward language were found to be highly rated in some studies (Knoff, McKenna & Riser, 1991).

Erchul, Hughes, Meyers, Hickman, & Braden (1992) looked at agreements between the school psychologist and teachers. It was found that the more the participants agreed on their roles, and the more they agreed on the process and goals of consultation, the more positive they rated both the outcome of consultation and the consultant's effectiveness. Good teamwork was considered to be a key component of consultation by these researchers.

The idea of good teamwork is slightly different than collaboration, in that in the former, each participant has expectations about their own role and also about the role of the other person. Numbers of studies have shown that consultants behave differently from consultees during consultation. Consultants use more one-up comments, make more bids, and initiate more topic changes than consultees (Gutkin, 1999).

Erchul, Covington, Hughes & Meyers (1995) describe their concept of cooperative interaction as that of a leader and a follower with more favorable outcomes occurring

when the teacher accepts the leadership role of the consultant. They see the relationship in consultation as a give and take relationship and found that controlling the discussion may be more effective in traditional behavioral consultation than for other approaches. Each person in the dyad tended to follow the other's bid cooperatively. Consultants have been found to control the process of consultation by asking questions and soliciting ideas and opinions from the consultee. In this way they 'guide' the process particularly during the problem identification stage of consultation (Busse, Kratochwill & Elliott, 1999).

Continuing studies of the consultation relationship showed that consultants and consultees each take important but different leadership roles. The consultants tended to make more statements about the consultation process, ask more questions and make more summary statements. Consultees answer more questions and generally talk much more. The relationship appeared to involve mutual influence with consultants serving as leaders in regard to process and both participants taking equal leadership roles in regard to content. The consultant's primary role involves facilitating the process of problem solving (Gutkin, 1996).

After reviewing the arguments in the debate, Gutkin (1999a) felt that the data indicated that consultees are active, rather than passive, during the consultation process and that consultee leadership does not interfere with success of consultation. He determined that consultants do not actually control or direct the process in the sense that they are domineering, and when consultants are directive the process is not damaged.

There are clear differences in the roles of each person participating in consultation, but the base of the debate appears to be one of definition. Gutkin (1999a) suggested that the consultation could be collaborative and directive at the same time. This leads to four hypothesized different styles of consultation: collaborative-directive, collaborative-nondirective, coercive-directive and coercive-nondirective. There may be situations where one style would be more effective than another may, or different styles may be effective at different points in the process (Gutkin, 1999a). Erchul (1999) argued against the use of the term coercive and recommended that consultation is considered from an interpersonal or dyadic point of view rather than only looking at the consultation process from the point of view of the consultant. If one takes into consideration role of the consultee as well as the style of the consultant, the model would be even more complex (Gutkin, 1999b).

The Future of Consultation

Need for consultation is most likely to increase in the future, not only in the schools, but also with outside agencies and other service professionals (Bradley-Johnson, & Dean, 2000). The most likely situation is that need for consultation services will increase both because of students' needs and also because both school psychologists and teachers would like to see increased use of consultant services (Stenger, Tollefson, & Fine, (1992).

Consultation as Technology and Computer Mediated Consultation:

The Internet has opened up an exciting new resource for school psychologists. Every school psychologist who is connected to the World Wide Web is able to access information and resources that make the job easier, and the school psychologist more knowledgeable. The Internet will enhance consultation and networking and has in addition, the potential to meet needs for continuing education and distance learning (Adelman, & Taylor, 2000).

Computer-mediated consultation has tremendous potential for reducing one of the more significant barriers to using consultation as a method of service delivery. Communicating via the computer allows a school psychologist to consult with others without a face-to-face meeting. This addresses the time barrier in consultation.

Kruger, Struzziero & Watts (1997) introduced a computer mediated consultation project to the field of school psychology. These researchers, along with a team of investigators, established school psychologist-teacher consultation dyads, and placed them in small groups which they designated as neighborhoods (Macklem, 1997). In addition, school psychologists had the opportunity to consult with a supervising school psychologist who served as a resource, as well as with all other school psychologists involved in the project. Teachers had the same type of support open to them. E-mail messages were used for communication using a software program that provides considerably more security than would otherwise have been possible.

Kruger (personal communication) designed a coding system to micro-analyze messages similar to the coding systems that had previously been developed to address questions about the roles of participants in consultation (Bergan, 1977; Bergan & Tombari, 1975; Folger & Puck, 1976, cited in Erchul & Chewning, 1990; Rogers & Farace, 1975). The research team (Kruger, Struzziero, Kaplan, Macklem, Watts, & Weksel, under review), asked participants to read each message sent during the study, at the end of the project, and rate it in regard to several variables. It was found that participating in consultation effected both teacher knowledge and teachers' sense of isolation.

It is important to point out that this study did not eliminate face-to-face consultation; but nevertheless, these researchers have demonstrated that several positive effects of consultation can be duplicated using the computer, without as much face-to-face time as is required in traditional consultation. It is expected that this type of research will encourage the use of technology to support school-based consultation (Struzziero, Kruger & Watts, 1999).

Consultation between school psychologists and teachers has received the bulk of attention by researchers. Consultation between school psychologists and parents has received considerably less attention other than in a sprinkling of studies involving cojoint consultation. Even less research has been conducted in regard to peer consultation.

Peer Consultation:

Peer consultation is interesting for several reasons. First, school psychologists are relatively isolated from their peers in practice, except in very large school systems where supervision by a head school psychologist may be available. Second, school psychologists need opportunities to consult with peers in order to constantly update skills and to meet job challenges as demands are increased. Third, training institutions do not train all school psychologists equally and new practitioners may need assistance in one or more aspects of their work for which their training was insufficient. Fourth, we know little about peer consultation and as we move forward, a theoretical and knowledge base is important.

Peer consultation, or peer supervision, occurs when peers work together for mutual benefit. Both critical and supportive feedback is stressed but evaluation is not involved. Consultation differs from supervision in that the consultee has "the right to accept or reject the suggestions of others" (Bernard & Goodyear, 1992). The terms "peer consultation" is used to describe relationships that are nonhierarchical in nature, so that neither individual in the dyad has the power to evaluate the other's performance. Peer consultation offers numerous benefits to school psychologists.

1. Peer consultation reduces dependency on "expert" supervisors and encourages greater interdependence of colleagues.
2. It fosters increased responsibility on the part of participants to assess their own skills and those of peers, and for structuring their own professional growth.
3. It results in increased self-confidence, self-direction, and independence.
4. There is further development of consultation and supervision skills.
5. Peers are used as models.
6. The peer consultant peer is chosen rather than assigned.
7. Evaluation anxiety is diminished.

(Benshoff & Paisley, 1993)

Peer consultants have responsibility for providing critical feedback, challenge and support to a colleague: however, they have a greater responsibility to evaluate their own performance. Both feedback and support appear to be very important in peer consultation (Benshoff, 1992).

There is a sense of empowerment that comes from making the consultation process work and finding the structure and direction to work within the framework. In order to achieve success in the peer consultation process, individuals must be motivated, committed to scheduled meetings and must be open to giving and receiving positive and negative feedback and constructive criticism.

Technology can play a role in peer consultation. The Global School Psychology Network (GSPN) is a community of professionals, which has been recently established on the Internet (Kruger & Macklem, 1999; Macklem, Kalinsky, & Kruger, 1999). This

community serves as a supportive environment, as a professional development community, and as a mechanism for ongoing peer collaboration. The GSPN has at its core, a group of researchers and graduate students who are studying the community as it develops. There are infinite possibilities for this group to address important questions in regard to peer collaboration, as they study questions about whether or not a community can be established on the Internet in which members communicate primarily through e-mail.

Questions that could be addressed in regard to peer consultation include the following:

- Can peer consultation take place with little to no face-to-face contact?
- What will be the nature of the peer consultation relationship using the Internet?
- In the early stages of the consultation process, will those individuals taking the consultant role be perceived as directive?
- In peer consultation will issues of formulating the problem be eliminated?
- Do we have a problem with definition in peer consultation, because the training of the individuals is not as different as it might be between a teacher and a school psychologist?
- In peer consultation will consultees feel supported and more knowledgeable at an earlier stage of the consultation process than in the school psychologist-teacher dyads?
- In peer consultation how will the role of the individual playing the consultant role be perceived, as an expert or as a team member?
- How might peer consultation change when there is an opportunity for consultants to work with more than one person in the consultant role (multiple consultants)?

Improving Practices in Consultation

Consultation between school psychologists and others is most likely going to continue, and may well become an even larger focus in the total job of the practitioner. Given this, school psychologists need to continually improve their skills in consultation and need to stay abreast of what is known in regard to increasing the efficacy of both the outcomes of consultation and the relational aspects of consultation.

Outcome Aspects:

In order to improve the efficacy of consultation in schools, it is important that when evaluating outcomes that not only are subjective evaluations of changes in behavior assessed but also levels of child performance should be specified as goals, and directly measured. This provides both qualitative outcome measures and quantitative outcome measures. This can be accomplished in several ways (Gresham and Lopez, 1996).

- Use normative data to define, set goals and obtain before and after measures of unacceptable, average and exemplary levels of performance.
- Conduct functional analyses of the behaviors that are targeted.
- Measure effectiveness using interviews rather than or in addition to rating scales.
- Attend to behavior changes in other environments in addition to the classroom.
- Utilize data from school records to assess whether or not there have been changes.
- Pay attention to whether or not the teacher or parent asks for assistance again.
- Pay attention to whether the teacher or parent continues to use the intervention.
- Offer the consultee several different interventions to address the target behavior.
- Design a way to determine whether or not the teacher or parent is implementing the plan as it was designed.
- Determine whether or not the intervention that is agreed upon represents the best practice in the given situation, because what the consultee would like may not be the best intervention for correcting the situation.

(Gresham & Lopes, 1996)

- Use a variety of outcome measures such as changes in the way in which the teacher behaves in class, whether or not the teacher makes additional requests for consultation, and improvements in teacher knowledge, perceptions and attitudes. In addition, actual differences in the target student(s) behavior(s), comparison of special education referral rates and improvements in student academic performance would be strong outcome measures.

(Knoff, McKenna & Riser, 1991)

Relationship Aspects:

The relational aspects of consultation can be improved as well. When the literature generated to date was reviewed, it was clear that researchers have a number of recommendations that may help practitioners.

- Consultants should ask consultees how they can implement the plan once it is designed because consultees are fourteen times more likely to carry out a plan if asked how they might do it as they are when told how to do it (Erchul & Chewing, 1990)

- It is helpful to let teachers know that the school psychologist has had special training in problem solving and offer service. This is likely to be positive because studies show that more help is accepted when it is offered, than when the recipient requests help. Offering help may decrease the emotional cost that is involved for the teacher (Stenger, Tollefson, & Fine, 1992).

- Present inservice workshops for teachers on problem-identification. This may lead to requests for consultation from teachers (Stenger, Tollefson, & Fine, 1992). Accurately identifying the initial problem is highly predictive of success in consultation (Knoff, McKenna & Riser, 1991).

- Let teachers and parents know that the school psychologist is available to help. Studies suggest that people are hesitant to look for help from a busy provider (Stenger, Tollefson, & Fine, 1992).

- Use teacher ideas when developing interventions. Give detailed instructions for interventions. Provide data that the interventions suggested have worked before. Each of these help in gaining the teacher's commitment to the plan (Knoff, McKenna & Riser, 1991).

- Do not tell teachers what to do (issue imperatives) in the initial stages of consultation (Erchul, Covington, Hughes, & Meyers, 1995).

- Ask open questions versus closed questions (Gutkin, 1996).

- Offer frequent statements and positive feedback (Kruger, personal communication).

- Assess whether or not the consultee is open to new ideas and is ready for change. If both are present, the opportunities for intervention are enhanced and success is more likely (Kurpius, 1991).

- Consultees rate consultants positively when each person in the dyad agrees on respective roles, the process and goals for consultation. Agreement facilitates the active involvement of the consultee (Erchul, Hughes, Hickman & Braden, 1992).

- Improving the consultant's communication skills would be important because communication skills effect the success of the consultation process (Knoff, McKenna & Riser, 1991).

- Home-school collaboration research indicates that parents are more satisfied with consultation when school staff do not talk-down to them and are not too businesslike (Christenson, 1995).

- Because a belief in shared responsibility for educational outcomes effects the process of home-school collaboration, school psychologists may want to offer workshops on how parent participation effects student performance (Christenson, 1995).

- If participants in consultation feel that they make a good team, they are more satisfied with the process. Developing good teamwork is important (Erchul, Hughes, Hickman & Braden, 1992).

Consultation is increasingly becoming one of the most important role responsibilities of school psychologists. When school psychologists take advantage of the increasing knowledge about what makes the process more effective, and take advantage of the suggestions that have been made in the literature to improve outcome measures, the value of indirect services will become evident.

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Note: School psychologists who want to participate in the Global School Psychology Network can contact the project by means of e-mail (counsel@neu.edu), telephone (617-373-5897), the web

(www.dac.neu.edu/consult), or postal mail: Louis Kruger, 203 Lake Hall, Northeastern University, Boston, MA 02115.

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